



## PART B - FEE(S) TRANSMITTAL

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04/29/2004

DANN, DORFMAN, HERRELL & SKILLMAN  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Kathleen D. Rigant	(Depositor's name)
<i>Kathleen D. Rigant</i>	(Signature)
July 29, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/674,876	12/12/2001	Eileen White	RUT 98-0058	5628

TITLE OF INVENTION: RECOMBINANT CELL LINE AND SCREENING METHOD FOR IDENTIFYING AGENTS WHICH REGULATE APOPTOSIS AND TUMOR SUPPRESSION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	07/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
YU, MISOOK	1642	435-325000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Dann Dorfman Herrell  
& Skillman, P.C.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Howard Hughes Medical Institute

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Chevy Chase, Maryland

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1406 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

July 29, 2004

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08/03/2004 MMEKONE1 00000052 09674876

01 FC:2501

02 FC:8001

665.00 OP  
30.00 OP

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